

The influence of a digital clinical reasoning test on medical student learning behavior during clinical clerkships

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Abstract

BACKGROUND: Recently, a new digital clinical reasoning test (DCRT) was developed to evaluate students' clinical-reasoning skills, using six different question types[1]. Although an assessment tool may be soundly constructed, it may still prove inadequate in practice by failing to function as intended. Therefore, more insight is needed into the effects of the DCRT in practice.

SUMMARY OF WORK: Individual semi-structured interviews and template analysis were used to collect and process qualitative data. The template, based on the interview guide, contained six themes: (1) DCRT itself, (2) test debriefing, (3) reflection, (4) practice/workplace, (5) DCRT versus practice and (6) 'other'.

RESULTS/DISCUSSION: Thirteen students were interviewed. The DCRT encourages students to engage more in formal education, self-study and workplace learning during their clerkships, particularly for those who received insufficient results. Although the faculty emphasizes the different purposes of the DCRT (assessment of/as/for learning)[2], most students perceive the DCRT as an assessment of learning. This affects their motivation and the role they assign to it in their learning process. Although students appreciate the debriefing and reflection report for improvement, they struggle to fill the identified knowledge gaps due to the timing of receiving their results. Some students are supported by the DCRT in exhibiting lifelong learning behavior.

CONCLUSION/IMPLICATIONS: This study has identified several ways in which the DCRT influences students' learning practices in a way that can benefit their clinical-reasoning skills. It also highlights the importance of aligning theoretical principles with practice in both the development and implementation of assessment tools as well as the content of such tools. Further research is needed to investigate the long-term impact of the DCRT on young physicians' working practice and to evaluate the DCRT through the collection of more validation arguments, for example by employing Kane's validity perspective[3].

References (maximum three)

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